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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10525174 | <b>Applicant(s)/Patent Under Reexamination</b><br>VERDONCK, BERT LEO ALFONS |
|   | <b>Examiner</b><br>Seyed Azarian           | <b>Art Unit</b><br>2624   |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|---|---|---|---|-----------------------|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |   |   |   |   |                       |  |
| 382                       |  | 128      |  |  |  | G                            | 0 | 6 | K | 9 / 00 (2006.01.01) |             |  |  |  | G | 0 | 1 | N | 23 / 223 (2006.01.01) |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
| 382                       | 154                                      |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
| 378                       | 48                                       |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |
|                           |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                       |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 19    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 20    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 10    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 11    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 12    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 13    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 17  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 18  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |  | <b>Total Claims Allowed:</b> |                   |
|   |  | 20                           |                   |
| (Assistant Examiner)                              |  | (Date)                       |                   |
| /Seyed Azarian/<br>Primary Examiner Art Unit 2624 |  | 08/03/2009                   |                   |
| (Primary Examiner)                                |  | (Date)                       |                   |
|   |  | O.G. Print Claim(s)          | O.G. Print Figure |
|   |  | 1                            | 1                 |